MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10 576963 PRIDE BATE

CLAIMS

	 	7	CLAIM	S					•							
		AS I	FILED	AFTER		AFTER				AS I	ILED		AFTER HAMEMONIT		AFTER	
·i		DND.	DEP.	IND.	DEP.	IND.				IND.	DEP		-,	IND.	DEP.	
	1						-		51	1 1 1 D	1		Der.	LIND.	UEF.	
- 1			1	-					51		1	-			ļ	
ŀ	3								53							
ľ	5								\$4							
	6		-H				- <u>-</u>		- 55							
-	7							}	56		l	-				
	8							}	57 58	-		-				
-	9		-H						59		7	 				
<u> </u>	11		-H						60				1-1		:	
	12		-++					-	61							
L	13			-	-			-	62		4:					
	14		$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$			_		-	63		+-	 				
-	15							-	65	1		 				
- 1	17	7							66		-					
	18		7.		-			-	67							
-	19		11	1	-+			-	68							
_	20		11					-	70							
	22		1-1-	-					71	— 				\dashv		
	13		 						72					-		
	4			-				<u> </u>	73							
1 2						_			74							
2)	76		-		-			
21						_			77							
29			1				_		8						\neg	
30		\Box			_				9							
31								8			\dashv	 -				
33	1				-			8			_					
34					-	-		8								
35	1-1			7.			-	8.		_ _						
36	- 	-	1			1	\neg	8:					-		_	
38	 	1-1						87		_ _	-			-	_	
39		+-+	+	- -	-	-		88								
40			1-	 	-			89								
41	1-1			1-		+	-	90		_						
42	 		-			1	-	92							_	
44		 		-				93	 	- 	- -					
45		 	 	-	 	-	_	94						-	-	
46			1-	 	1	1		95	\bot					1	一.	
47					 	1-	-	96	-		_ _					
48					1-	 	-	97	-	-	- -					
49 50	-						7	98	 		- -				_	
TOTAL]	100	 		- -			- 	-	
800,		Ψ		Ψ		Ψ	7	TOTAL	177	T	; -		. 		-	
TOTAL DEF.		4		4		'	1	INO.	144	少 ₹	<u> </u>	_J '	1] 4	4	
TOTAL	H		В	100	· .	(-		BU.	55	>		. €	-	_ ←		
							1	TOTAL	65							
							·	1	147	LA LA	<u> </u>	2000	24	CAR	44	

PTO-1344 (REV. 243)

U.S. DEPARTMENT of COMMERCE.
Patient and Trademick Office